Name in Full: Harriett Beauchamp.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shelltown; County: Somerset

Date of death: 1904; Month: 4; Day: 21; Age: 85 Years; Months: \; Days: \

Sex: Female; Color or Race: Colored; Birthplace: dont Know

Occupation: Housewife; Where Residing if not at place of death: Shelltown

Married, Single or Widowed: Widow; Name of Wife or Husband: dont Know

Father's Name: dont Know; Father's Birthplace: dont Know

Mother's Maiden Name: dont Know; Mother's Birthplace: 4

Name of person giving Imformation: John Roberts; How related to deceased: Grand Son by marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debelity made; How long:

Immediate: to old age; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: none in attendance

Address: Jas Lims attest

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James N. N. Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Somerset

Date of death: 1904 — Month: 4 — Day: 12 — Years: Age 64 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Worcester Co Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Bishop

Father's Name: Levin Barnes — Father's Birthplace: Worcester Co Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: N. D. Bishop — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza — How long: Two weeks

Immediate: Pulmonal Prostration — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. L. Staats

Address: Pocomoke City Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Sarah Frances Bunker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County:

Date of death 190 4: Month: 4; Day: 14; Age: Years: —; Months: 4; Days: 14

Sex: Female; Color or Race: White; Birthplace: Crisfield

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband:

Father's Name: Fred Bunker; Father's Birthplace: Crisfield

Mother's Maiden Name: Mamie L Stant; Mother's Birthplace: Crisfield

Name of person giving information: J S Fauver; How related to deceased: under father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis; How long: one month

Immediate: 30 days; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. W H Hall

Address: Crisfield

Accident or Suicide? neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A8818

Name in Full: Elijah Gordy Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marion Station — County: Somerset

Date of death 190 4: Month: April — Day: 8th

Age: Years: 17. — Months: 3. — Days: 25.

Sex: Male

Color or Race: White

Birthplace: Somerset Co. Md.

Married, Single or Widowed: Single

Occupation: Farming

Name of Wife or Husband:

Father's Name: Wm J. B. Carter

Father's Birthplace: Worcester Co. Md.

Mother's Maiden Name: Margaret Anne Taylor

Mother's Birthplace: Accomac Co. Va.

Name of person giving Information: Margaret Anne Taylor

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis — How long: 11 Days

Immediate: Exhaustion — How long: 24 Hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. B. B. Cross M.D.

Address: Marion Station, Somerset County, Md.

Accident or Suicide?

LIBRARY BUREAU A6837

Name in Full: Sarah Church

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion — County: Somerset

Date of death 1904 — Month: Apl — Day: 11 — Age — Years: 75 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Kingston md

Occupation: Wash Women — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Grant Church

Father's Name: Elijah Savage — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Grace Wilkins — Mother's Birthplace: Somerset Co md

Name of person giving Imformation: Elijah Savage — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 Months

Immediate: Hemorage — How long: Immediately

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of [illegible]: Elijah Savage his father

Address: Harolds PO Md

Accident or Suicide? (No Physician in attendance)

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Beatrice Collins

Died at Town: Marion Sta County: Somerset MARYLAND

Date 19 04 Month: April Day: 7th | Age Y. 5 M. 11 D. | Native of: Maryland | Occupation: —

~~Male~~ Female | ~~White~~ Colored | Married / Single | Widow / Widower | Divorced / Number of children living: 7

Husband of

Wife

Father's Name: Edgar Collins | Mother's Maiden Name: Abby Collins

Cause of Death — Primary: Cold | How long sick: 6 months

Immediate: 4 o'clock 7th April | ~~Accident, Suicide, Homicide~~

Reported by: Jennie Ballard

Address: Marion Station Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79698

Name in Full: Ebben Cottingham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cottingham — County: Somerset

Date of death 1904: Month: April — Day: 18 — Age: Years: 74 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Somerset Co Md

Occupation: Farmer — Where Residing if not at place of death: Somerset Co Md

Married, Single or Widowed: Single — Name of Wife or Husband: Ebben Cottingham

Father's Name: Simm Cottingham — Father's Birthplace: Wicomico Co

Mother's Maiden Name: Dorg-Knn — Mother's Birthplace: Dorg Knn

Name of person giving Imformation: Clay Cottingham — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 3 Weeks

Immediate: Kidney Trouble — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: James F. Coulbourn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion — County: Somerset

Date of death 190 4 — Month: 4 — Day: 14 — Age — Years: 80 4 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Marion Md

Married, Single or Widowed: Widower — Occupation: none

Name of Wife or Husband: X

Father's Name: James L Coulbourn — Father's Birthplace: Marion Md

Mother's Maiden Name: Zipporah Coulbourn — Mother's Birthplace: Marion Md

Name of person giving In formation: Wm W. Coulbourn — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softning of Brain — How long: 1

Immediate: Heart failure — How long: Died Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Baby Coulbourn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Byrd Town — County: Somerset

Date of death 1904: Month: Apr — Day: 21 — Age: Years: — Months: — Days: Two

Sex: Female — Color or Race: White — Birthplace: Byrd Town

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Jos R. Coulbourn — Father's Birthplace: Crisfield

Mother's Maiden Name: Peale Byrd — Mother's Birthplace: Byrd Town

Name of person giving information: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthenia - Premature — How long

Immediate: Birth - — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: Wm F Coulbourn

Address: Crisfield Md

Accident or Suicide? —

LIBRARY BUREAU A6813

Name in Full No Name.

Certificate of Death

Died at Town Marion Station County Somerset — MARYLAND

Date 19 04 Month Apr Day 22 | Age Y. 19 M. D. | Native of Maryland | Occupation ——

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Thomas Lewalin Mother's Maiden Name Celia Byrd

Cause of Death — Primary Baby born 179 How long sick 18 days

Immediate do not know Accident, Suicide, Homicide

Reported by Thomas Lewalin

Address Marion Station Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70993

This is a Case of Baby death. No Doctor
Nor anyone Else who Can tell anything
Satisfactory about it; no Evidence of foul play
so far as I Can discover, But I given Certificate
to bury

William J. Coulbourn J.P.

Name In Full

Martha Dashiell

Certificate of Death

Died ~~at~~ Town: Princess Anne County: Somerset MARYLAND

Date 1944 Month: 4 Day: 8 | Age Y. 53 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 8

~~Husband~~ Wife of James Dashiell

Father's Name Hamilton James | Mother's Maiden Name Nora Jones

Cause of Death: Primary Tuberculosis — How long sick 4 months

Immediate Asthenia — Accident, Suicide, Homicide

Reported by W. W. Goldsborough

Address Princess Anne, Md.

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU 79893

Name in Full: Martha Dashiell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: April — Day: 3rd — Age: Years: 60 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Rayfield Dashiell — How related to deceased: Brother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Pneumonia — How long: 1 Week

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor, M.D.

Address: Dames Quarter, Somerset Co, Md

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Geo. T. Dise

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: April — Day: 2nd — Age: Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Somerset Co.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Laura Dise — How related to deceased: niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 6 weeks

Immediate: asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: S. J. Windsor, M.D.

Address: Dames Quarter, Somerset Co., Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James T. Dryden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island | County: Somerset

Date of death 1904: Month: Apr. | Day: 24th | Years: Age 74 | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: Somerset Co.

Married, Single or Widowed: Widower | Occupation:

Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: Katie Bradshaw | How related to deceased: Step-daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic bronchitis | How long: 3 years

Immediate: asthenia | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Windsor, M.D.

Address: Deals Island, Somerset Co., Md.

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Fredrick Elliott

Somerset Co

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Pocomoke City (Town) — S Somerset (County)

Date of death: 1904 — Month: April — Day: 24 — Age: Years: 65 — Months: ✓ — Days: ✓

Sex: male — Color or Race: white — Birthplace: Do not know

Occupation: Farmer — Where Residing if not at place of death: ✓

Married, Single or Widowed: Do not know — Name of Wife or Husband: ✓

Father's Name: Do not know — Father's Birthplace: Do not know

Mother's Maiden Name: Do not know — Mother's Birthplace: Do not know

Name of person giving Imformation: — How related to deceased: ✓

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carbuncle — How long: 9 mths

Immediate: Collapse — How long: 5 hours

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F M Wilson, M.D.

Address: Pocomoke City

Accident or Suicide? ✓

LIBRARY BUREAU AB5516

Fred. Elliott was about 65 Years

Geo. W. Riddle

Sub. Reg. Dublin

Dub

Name in Full: Priscilla Gunby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Marion Station — (County) Somerset

Date of death 1904 — Month: April — Day: 1 — Age: Years 27, Months 11, Days 10

Sex: Female — Color or Race: Mulatto — Birthplace: Somerset Co. Md

Married, Single or Widowed: Single — Occupation: House work

Name of Wife or Husband: —

Father's Name: James Gunby — Father's Birthplace: Somerset Co. Md

Mother's Maiden Name: Priscilla Ballard — Mother's Birthplace: Somerset Co. Md.

Name of person giving information: James Gunby — How related to deceased: Father

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 8 months

Immediate: Exhaustion — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. R. B. Ennis M.D.

Address: Marion Station Somerset Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Maggie C Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 1901 — Month: 4 — Day: 19 — Age — Years: 38 — Months: 11 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Camden N J.

Married, Single or Widowed: married — Occupation: Housewife

Name ~~of Wife or~~ Husband: Wm. F. Hall

Father's Name: Jno L Carman — Father's Birthplace: Pa

Mother's Maiden Name: Susan Horsfield — Mother's Birthplace: Pa

Name of person giving information: W. F. Hall — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Lobar. — How long: 6 days

Immediate: Toxaemia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Samuel L. Hall

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairmount — County: Somerset

Date of death 190 4: Month: April — Day: 13 — Age: Years: 69 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Fairmount

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary E. Hall

Father's Name: Tubman Hall — Father's Birthplace: Fairmount

Mother's Maiden Name: Sarah Maddox — Mother's Birthplace:

Name of person giving information: D. F. Maddox — How related to deceased: Bro. in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Creeping Paralysis — How long: 1 year

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. S. Miles

Address: Upper Fairmount

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Harpel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garfield; County: Somerset

Date of death 1904: Month: 4; Day: 14

Age: Years: 84; Months: 11; Days: 13

Sex: Female; Color or Race: White; Birthplace: Chester Co. Pa

Married, Single or Widowed: Single; Occupation: Lady

Name of Wife or Husband: +

Father's Name: John Harpel; Father's Birthplace: Germany

Mother's Maiden Name: Catharine Prousia; Mother's Birthplace: Penn.

Name of person giving information: Susan Carman; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 6 days

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Garfield Md

Accident or Suicide? no

LIBRARY BUREAU A66618

Name in Full: Jane Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: April — Day: 26th — Years: Age 40 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John S. Jones

Father's Name: Joshua Featherson — Father's Birthplace: Som. Co.

Mother's Maiden Name: Mary Roberts — Mother's Birthplace: Som. Co.

Name of person giving Information: John S. Jones — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 6 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Woodcock

Address: Dames Quarter Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Margie Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Princess Anne — County: Somerset

Date of death 1904 — Month: April — Day: 15

Age — Years: 16 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Single — Occupation

Name of Wife or Husband

Father's Name: Jones Jones — Father's Birthplace: Md

Mother's Maiden Name: Esther Jones — Mother's Birthplace: Md

Name of person giving information: John A White — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Long

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. J. Windsor M.D.

Address: Doctor, Princess Anne, Md

Accident or Suicide?

LIBRARY BUREAU A89919

Neme in Full

Certificate of Death

Mary D. H. Langford

Died at Town: Bruns Ann County: Somerset MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	4 - 20	Age 81 -		19	Somerset County	

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | Single | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband / Wife of Benj. Langford

Father's Neme John M. Bostaph

Mother's Maiden Name Susan Dryden

Cause of Death: Primary Senile Debility 7-14 — How long sick 10 weeks

Immediate Asthenia — Accident, Suicide, Homicide

Reported by W. H. Goldsborough M. D.

Address Bruns Ann Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Name in Full Mrs Sallie Lawford — Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1924 Month April Day 23 | Age Y. 39 M. D. | Native of Md | Occupation Housewife

Male — White Yes | Married — Widow — Divorced —

Female Yes | Colored — | Single Yes | Widower — | Number of children living —

Husband of

Wife

Father's Name Wm Lwigton Lawford

Mother's Name Susan

Cause of Death: Primary —

Immediate Pneumonia

How long sick 4 days

Accident, Suicide, Homicide —

Reported by Dr Somers

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

Isaac Lawson

Died at Lawsonia (Town) Somerset (County) MARYLAND

Date 1904 April 15 (Month, Day) | Age Y. 88 M. D. | Native of Md | Occupation Retired Merchant

Male yes / Female | White yes / Colored | Married yes / Single | Widow / Widower | Divorced | Number of children living

Husband of / Wife Mahaly Lawson

Father's Name | Mother's Name

Cause of Death { Primary La Grippe / Immediate Pneumonia } | How long sick 8 days | Accident, Suicide, Homicide

Reported by J. Somers

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Not Named

Certificate of Death

Died at Town Brookfield County Somerset MARYLAND

Date 1924 April 27/24 Month Day Age 11 days Y. M. D. Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Frank Morgan

Mother's Name Mary Morgan

Cause of Death { Primary Pyrexia (107°) How long sick

Immediate Accident, Suicide, Homicide

Reported by J. S. Lawson

Address Brookfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full

Certificate of Death

William T. Pusey

Town

County

Died at West P.O Somerset MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Apr.	12	Age 86	—	—	Md.	Farmer.

Date ~~189~~ 1904

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living 5

Husband of Wife Mary T Pusey

Father's Name Purnell Pusey

Mother's Name —

Cause of Death: Primary — Cerebral Haemorrhage — How long sick 1 day

Immediate — Pulmonary Edema

Accident, Suicide, Homicide

Reported by Chas T Fisher, M D

Address Princess Anne, Somerset Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Died at Town: Crisfield County: Somerset . MARYLAND

Date 1904 Month 4 Day 4 | Age Y. 3 M. 1 D. 0 | Native of Md | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Wife Divorced

Father's Name Lorenzo Records | Mother's Name Maggie Records

Cause of Death: Primary Pneumonia | How long sick 93

Immediate Septic Poison | ~~Accident, Suicide, Homicide~~

Reported by C. C. Mars

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name in Full: Frank Calvin Rhodes 204

CERTIFICATE OF DEATH

Pa
MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Moro — County: Somerset

Date of death 1904: Month: Apr — Day: 22 — Age: Years: 34 — Months: 6 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Clearspring

Occupation: Store Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Martha P. Bowser

Father's Name: D. Thomas Rhodes — Father's Birthplace: Clearspring

Mother's Maiden Name: Mary E Pike — Mother's Birthplace: "

Name of person giving Information: Mary E Pike — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 Wks

Immediate: " Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Sildner M.D.

Address: Rockford Pa

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: Sarah Roach

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Marion — County: Somerset

Date of death 1904: Month: Apl — Day: 27 — Age: Years: 84 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Marion Md

Married, Single or Widowed: Widow — Occupation: Housekeeping

Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving information: Samuel Roach — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — 154 — How long: 3 weeks

Immediate: Exhaustion — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Samuel Roach (her son)

Address: Marion Sta Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Evaline Sterling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lawsonia — County: Somerset

Date of death 1904 — Month: April — Day: 1st — Age — Years: 30 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Lawsonia

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: J. James Sterling

Father's Name: Hance L. Mobre — Father's Birthplace: Md.

Mother's Maiden Name: Mary W. Sterling — Mother's Birthplace: "

Name of person giving information: John W. Mobre — How related to deceased: uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 years

Immediate: — — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Somers

Address: Crisfield, Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Clifton T Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: Apr — Day: 2 — Age: Years: 31 — Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex	Male	Color or Race	White
Birthplace	Deals Island Md.		
Married, Single or Widowed	Married	Occupation	Clerk in Dry goods Store
Name of Wife or ~~Husband~~	Nettie V Thomas		
Father's Name	Frank Thomas	Father's Birthplace	Deals Island Md
Mother's Maiden Name	Amanda Price	Mother's Birthplace	Deals Island Md
Name of person giving Information	C L Watson	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Pneumonia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C E Collins
		Address	Crisfield
Accident or Suicide?			

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Unknown

Died at — Town: Found dead at Bear Point. — County: Berwick County — MARYLAND

Date 19 64 — Month: Apr — Day: 14 — Age: Y. Abt 14 M. yrs D. — Native of: Not known — Occupation: Supposed Oysterman

Male / ~~Female~~ — ~~White~~ / Colored — Married / Single Unknown / Widow / Divorced — Number of children living

Husband of Wife — —

Father's Name — —

Mother's Maiden Name — —

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Cause of Death — Primary: Drowning in Hudsonnuxx River — Immediate: — How long sick: — Accident, Suicide, Homicide

Reported by: William J Coulbourne J.P. acting Coroner

Address: Bx. # 24 [redacted] Stockton Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Name in Full: Bertha L Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hopewell — County: Somerset

Date of death 190 4: Month: 4 — Day: 29 — Age: Years: 17 — Months: 2 — Days: 15

Sex: Female — Color or Race: Black — Birthplace: Hopewell Md

Married, Single or Widowed: Single — Occupation: Oyster Shucker

Name of Wife or Husband: —

Father's Name: Wm A Ward — Father's Birthplace: Hopewell Md

Mother's Maiden Name: Martha Ward — Mother's Birthplace: Hopewell Md

Name of person giving In formation: John Ward — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleuro Pneumonia — How long: 4 months

Immediate: Nephritis — How long: 8 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: George Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield; County: Somerset

Date of death 190 4: Month: 4; Day: 20

Age: Years: 7; Months: 0; Days: 20

Sex: Male

Color or Race: Black

Birthplace: Crisfield Md

Married, Single or Widowed: +

Occupation: +

Name of Wife or Husband: +

Father's Name: George L F Ward

Father's Birthplace: Manoa Md

Mother's Maiden Name: Marie Johnson

Mother's Birthplace: Lawsons Va

Name of person giving information: mother

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How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho pneumonia

How long: 4 weeks

Immediate: —

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name In Full: Noah R Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Enfield — County: Somerset

Date of death 190[illegible]: Month: 4 — Day: 17 — Age: Years: 64 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Enfield Md

Married, Single or Widowed: Married — Occupation: Lumberman

Name of Wife or ~~Husband~~: Julia A Ward

Father's Name: Daniel Ward — Father's Birthplace: Enfield Md

Mother's Maiden Name: Polly Riggin — Mother's Birthplace: Enfield Md

Name of person giving In formation: Edward Ward — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of liver — How long: 6 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Ward

Address: Enfield Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Linwood Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oriole — County: Somerset

Date of death 1904 — Month: Apr — Day: 2 — Age — Years: 20 — Months — Days

Sex: Male — Color or Race: Blk — Birthplace: Oriole

Married, Single or Widowed: Single — Occupation: Oysterman

Name of Wife or Husband:

Father's Name: Not known — Father's Birthplace:

Mother's Maiden Name: Judy Waters — Mother's Birthplace: Md

Name of person giving information: Ella Waters — How related to deceased: sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Enteritis — How long: 6 mos.

Immediate: Exhaustion — How long: 3 dys

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R L Hoyt M. D.

Address: Oriole Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Peter Wales

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset

Date of death 1904: Month: Apr — Day: 2 — Age: Years: 70 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Oysterman

Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Judy Walters — Mother's Birthplace: Md

Name of person giving information: Alonzo Jones — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Enteritis — How long: 3 months

Immediate: Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R H Stoyle

Address: Crisfield Md.

Accident or Suicide?

LIBRARY BUREAU A93816

Name in Full: Austin Webster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Deals Island — County: Somerset Co

Date of death 190 4 — Month: April — Day: 26 — Age — Years: 11 — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: Theophilus Webster — Father's Birthplace: Deals Island

Mother's Maiden Name: Emma F. Benton — Mother's Birthplace: Deals Island

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 years

Immediate: Asthenia — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Alexander

Address: Somerset Co.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Isaac J White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island; County: Somerset

Date of death 1904	Month	Day	Years	Months	Days
	Apr.	29	Age 56	—	—

Sex: Male | Color or Race: Black | Birth-place: —

Married, Single or Widowed: Widowed | Occupation: —

Name of Wife or Husband: —

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: Mariah | Mother's Birthplace: —

Name of person giving Information: Charles White | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Saw deceased once — one week ago. He had Bright's disease. | How long:

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor, M.D.

Address: Deals Island, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John H. Windsor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Beals Island; County: Somerset

Date of death 190 4: Month: Apr; Day: 29

Age: Years: 66; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: Waterman

Name of Wife or Husband: Matilda Windsor

Father's Name: John Windsor; Father's Birthplace: Md

Mother's Maiden Name: Can't find out; Mother's Birthplace: —

Name of person giving In formation: E. C. Webster; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage; How long: 2 days

Immediate: Atheroma; How long: 6 or 8 years

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sfg Alexander,

Address: Dieter Island, Md

Accident or Suicide? —

LIBRARY BUREAU A38516